

Mailing Address for Appeals and Inquiries:

CITY OF RALEIGH – PARKLINK

222 W. Hargett Street

PO Box 590

Raleigh, NC 27602-0590



Parking/Payment Information: (919) 996-3996 or
Website: www.raleighnc.gov

In-Person Payments:

Revenue Services Lobby, Municipal Building

222 West Hargett Street, Raleigh, NC

Office Hours: 8:30 AM – 5:00 PM, Monday to Friday

REQUEST FOR ADJUDICATION HEARING

PLEASE PRINT LEGIBLY

City Ordinance requires that a request to re-appeal a citation must be received not later than seven (7) days from the date of the first appeal decision notice or the request will be denied. The fine must first be paid as a deposit in order for your request to be processed. If the adjudicator rules in your favor, your payment will be refunded. Enclose the full amount due or pay online. Once received, an in-person Hearing will be scheduled with the adjudicator. Hearings are conducted in an informal, non-judicial manner and are normally scheduled for the third Thursday of each month at 5:15 PM. To support your claim, please bring any documentation you believe is relevant including diagrams, maps and photographs. Hearings take place at the ParkLink Office located at: One Bank of America Plaza, Suite S-002, 421 Fayetteville Street. A notice will be mailed to you to confirm the date and time of your Hearing.

Citation Information

Citation Number:	Date of Issue:
License Plate:	License Plate State:
Violation Description:	

Personal Information

Name:		
Street Address:		
City:	State:	Zip:
Daytime Telephone: ()	Email Address:	
Drivers License Number:	Drivers License State:	

Are you the Registered Owner of the vehicle to which this citation was issued? _____ Y/N

Are you the same person who initiated the first appeal request? _____ Y/N

If you are not the same person who initiated the first appeal request, explain why you are requesting this Hearing. Continue on opposite side if more space is needed.

By submitting this request for re-appeal I hereby accept responsibility for the parking citation listed above.

(Initials)

Signature: _____

Date: _____

Mail completed form to the address at the top left corner